



**GWINNETT COUNTY REGISTERED AGENT CONSENT FORM
FOR ALCOHOLIC BEVERAGE LICENSES**

Applicant (Corporation or LLC Name)

Trade Name (DBA)

Location Address

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of Gwinnett County. I understand the basic purpose is to have and continuously maintain in the County a Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. **I understand that to serve as the Registered Agent, I must be a Gwinnett County resident and attach a copy of my driver's license, reflecting my current home address.**

Signed, this _____ day of _____, 20_____.

REQUIRED

**ATTACH A CLEAR COPY OF AGENT DRIVER'S
LICENSE OR STATE OF GEORGIA ISSUED PHOTO
ID CARD HERE**

IDENTIFICATION DOCUMENT MUST REFLECT
THE CURRENT HOME ADDRESS

REQUIRED

Signature of Agent

Printed Name of Agent

Agent's Current Home Street Address

Agent's City, State & Zip Code

Agent's County of Residence

Agent's Phone Number

APPROVED BY:

Signature of Sole Owner/Partner/
Member/Officer/Director

Printed Name of Sole Owner/Partner/
Member/Officer/Director